



7 TAUMOEPEAU BUILDING, NUKU'ALOFA
Ph: 21 105, Fax: 25 143, email: dominion@kalianet.to

COMMERCIAL LOSS NOTICE

REFERENCE CODE No,

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CLAIM No

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INSURED NAME-

TEL. NO

INSURED ADDRESS

Other Interested Party -

DATE Of LOSS

WHAT HAPPENED

WHERE DID IT OCCUR

If the person who caused the damage was not yourself or a member of your family

DETAIL NAME

ADDRESS

Are you the sole owner YES/NO If not: Retail the name and address of the other interested party

Do you hold Insurance with another Company and/or are you making an -additional* claim through any source in respect of the items being claimed on. Please-detail:

(Excluding Life. Motor Insurance)

Have you ever been declined Insurance. Please detail:

NAME OF COMPANY

DATE

What claims in excess of \$500 have you made. Please detail.

NAME OF COMPANY

DATE

I/We hereby declare that the foregoing particulars appearing in the schedule on the back hereof are true and represent a faithful account of the actual Loss or Damage sustained by me/us without including profit or advantage of any kind; that I/We have not withheld anything material which should be known to the Company and that I/We have in no manner caused the said loss or Damage or by any fraud or misinterpretation sought unjustly to benefit thereby. I/We further declare that I/WE was/were the owner/s of the said property at the date of the Loss or Damage and that all the conditions and warranties of the Policy have been complied with and I/we make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of Parliament of Fiji which renders any person/s making a false declaration punishable for willful and corrupt perjury

Taken and declared at

This _____ day of _____ 20 _____ Signed _____

Before me

A representative of Dominion Insurance Limited – Tonga (with Company stamp)

BURGLARY, THEFT. ALL RISKS. MALICIOUS DAMAGE CLAIMS

1. The loss was reported by: _____
to _____ Police Station on _____
2. The loss was-advertised in _____ Newspaper, on _____

ALL GLASS, MIRRORS, HANDBASINS. TOILETS

- 1 - Does Policy describe and include glass broken YES NO
2. Is replacement glass identical to original YES NO
- If no: detail cost to replace as original \$ _____

PUBLIC LIABILITY CLAIMS

- 1 Has a Claim been made to you YES NO
2. Describe the damage being claimed for: _____

- 3, Name and Address of owner of property damaged _____

4. Name and address of any witnesses: _____

5. Name of Insurer of property Damaged: _____

N.B. You shall not admit liability or advise you are Insured. Attach any documents received in respect of the incident.

MARINE CARGO

1. Have you held shipper liable _____
2. Please attach all shipping documents _____
3. Where are damaged articles available for inspection _____

| DESCRIPTION OF PROPERTY FOR WHICH LOSS IS CLAIMED | Date of Purchase or Acquisition | SCHEDULE Original Value | Value at time-of Loss - allowing for reasonable Depreciation | Value of Salvage (if any) | Amount of loss -of Damage Claimed |
|---|---------------------------------|-------------------------|--|---------------------------|-----------------------------------|
| | | | | | |

AMOUNT IO LOSS-CLAIMED

\$

DAMAGE TO PREMISES and/or CONTENTS

| PARTICULARS | NAME OF REPAIRER (N.E Quotations must be attached) | COST OF REPAIRS | AMOUNT CLAIMED |
|-------------|--|-----------------|----------------|
| | | | |